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Communications.

DISEASES OF THE MOUTH.

By Jas. E. Garretson, M. D.,

Of Philadelphia.

(Continued from p. 88)

Dental Necrosis.

Dental necrosis, death of the teeth, or death of the neighboring bone from causes associated with the teeth, may claim attention as being the most common of all the troubles of the ossa corpore.

A tooth has a twofold source of vitality—an internal or tubular circulation, secured from its pulp, and an external or periosteal. The destruction of this internal circulation, through the killing of the nerve and filling the root-canal by the dentist, is so common an occurrence as to be familiar to almost every one.

By the majority of teeth, if properly treated, this destruction seems to be sustained without much apparent inconvenience. Such treatment consists in extracting from the cavity every particle of the dead pulp, and so filling it with gold or other material, as to prevent the introduction of more irritating matter. When teeth, however, are not properly treated, or when there is great susceptibility in the system to inflammatory action, the destruction of the pulp results in an extension of the destructive action to the peridental membrane, yielding the trouble known as periodontitis; this, if not abated or resolved, ends in the death of the tooth.

A dead tooth is not, however, fortunately, treated in all cases by the system, or even in the majority of cases, in so summary a manner as a piece of dead bone. As a rule, there exists a wonderful forbearance on the part of nature to its presence, and the organ may be retained in its cavity and made to serve a useful purpose for a long time. True, it is discolored, and, providing there is no decomposing pulp in the canal, in proportion to this discoloration may the degree of death—if I may so speak—be judged. A tooth lowers in the scale of vitality in various degrees. It may be deteriorated as the death of part of its pulp is concerned, or as the death of all of it is implied—as the whole or any part of its periosteum is concerned. When both pulp and periosteum are dead, the tooth, of necessity, must be dead with them, and in proportion to their destruction, so is its destruction.

Some systems are so irritable that all the skill in the world could not make the mouths retain a tooth in which alone the pulp is dead. Others, on the contrary, are so unimpressable that half the teeth in the mouth might be utterly dead, and yet no complaint is made. I once, as an experiment, replaced in the mouth a central incisor tooth, which had been extracted twelve hours before, and, although it had been carried in the pocket, enveloped in the usual collection of dust, tobacco, keys, knife, etc., the whole intervening time, I kept it in its socket until the parts became reconciled. Five years have since passed, and it seems, this hour, about as useful as in its palmiest days.

The irritation, inflammation, and death of a tooth is generally the result of caries exposing the pulp. The first stage in the destructive process is the death of the pulp*—here it may end, the pulp sloughing off at the foramen, and the periosteum assuming the full duties of nutrition. If this is not the case, the periosteum becomes involved, and if it dies, the root is left as if scraped; the tooth is then dead. A dead or partly dead tooth is recognized by its loss of translucency, and the opacity varies from the slightest discoloration to complete blackness.

A dead tooth is not, however, always associated with caries. An inflammation resulting in its destruction, may be induced by atmospheric changes, blows, etc. etc. This should be recognized, so that by reason of the absence of caries a diagnosis may not be obscured.

A dead tooth, when exfoliated, is thrown off in two ways: either by chronic or acute action. When by acute action, violent inflammation is set up in all the surrounding parts, the tooth is

* The pulp of a tooth is composed of most delicate connective tissue, in which ramifies the vessels and nerve.

elongated and loosened, much pus is discharged, and eventually the tooth drops from its socket; this accomplished, the trouble subsides. In chronic exfoliation, the parts indurate, one or more sinuses form, as in abscess. All the parts about the tooth are thickened and rough, as f some ugly disease was in process of development. The tooth generally grows very dark, perhaps black. It does not get loose, but frightens into its removal. If such extraction be not resorted to, it involves the bone, and tooth and alveolus becomes eventually cast off as a common sequester. Another and more common chronic form consists in the gradual absorption from about the roots of the dead tooth of its alveolar process. This is most common in old persons, although not, by any means, so confined. This form of exfoliation is usually very slow in its progress, extending over a period sometimes of several years. Cases, however, frequently present—confined to young persons—where several teeth are cast off in this manner within eight or nine months.

Teeth sometimes die from the filling up of their tubules by secondary dentine, the organic function residing in them being thus destroyed. This never occurs but in what are commonly recognized as very dense teeth, and is seldom found associated with caries. Such teeth loosen day by day, and finally drop from their cavities. To arrest this trouble seems impossible. I know of no treatment that has ever seemed to have the least effect.

Alveolar Necrosis.

The periosteum lining the roots of a tooth are reflected to its alveoli; hence, it is commonly termed the "alveolar dental periosteum." As the result of such relationship of structure, an inflammation originating in a tooth extends itself to the surrounding bone, and according to its severity, affects the parts involved; hence portions of alveolus, overwhelmed, as it were, by the force of the attack, sometimes die and sequester. This form of necrosis, however, is very rare, and would perhaps never exist with proper treatment.

The dentist, for the purpose of destroying the pulps of teeth, applies a mixture of arsenic, morphia, and creasote. This is placed in the cavity of decay and covered over with cotton or wax; it happens however, occasionally, that from its improper application, as some difficulty of retaining it in place, this paste oozes down around the neck of the tooth, and thus acts upon parts not intended in its application, destroying them; in this way alveolar necrosis is not unfrequently induced, the portion destroyed is never, however, very considerable, and generally exfoliates in from two to four weeks. The local application of the sesqui oxide of iron, has been thought by some to exert a happy effect, applied immediately on the discovery of the accident. I myself have never employed it, but have depended on repeated syringings and the ordinary antiphlogistics.

Alveolar necrosis is sometimes induced by the application of chloride of zinc, used by the dentist as an obtunder of dentinal sensibility, and for the purpose of controling the slight hemorrhages caused by the slipping of instruments in the operation of filling; the first effect is, of course, upon the gum, inflaming and engorging them, the effect upon the bones being secondary. Nothing better than the ordinary antiphlogistic application can be employed. The action here is much more tardy than in the destruction induced by arsenic, the sequestrum is never very considerable, the alveolus perhaps of a single tooth; the action of nature in the separation should always be waited. Cases, of what for want of a better name, might be termed sporadic, sometimes occur. An instance from practice will illustrate. I. B., an Irish laborer, consulted, for pain in the two inferior incisor teeth, no caries, no periosteal inflammation, no anything was observable; the pain increased day by day, until at the end of the second week the two teeth and their alveoli were found detached and dissected from the gum. This case is one of a very few of the kind that I have seen. The nerves are not found dead if examined at such time; as, under ordinary circumstances, one would so expect to find them; there is no soreness of the teeth on pressure, and strangest of all, there are none of the common phenomena of inflammation. The practitioner in such cases can easily be guarded by such indications as he may be able to seize upon.

Necrosis from want of room for eruption of wisdom tooth.—This most commonly is found associated with the lower jaw alone. The close relationship of the second molar with the ramus, makes the egress of the advancing wisdom tooth an impossibility; hence an irritation resulting in inflammation. The serious extension of the trouble to the bone, is always however, preceded with more or less trismus and difficulty in deglutition; thus every chance is given for surgical relief. This form of necrosis is to be looked for between the seventeenth and twenty-fifth years. The extraction of the second molar, allows the wisdom tooth to fall forward, and thus the irritation is removed and a cure effected. These cases are as simple, and harmless, if rightly treated, as

they are severe and prostrating if left to chance or improperly managed. Extract the second molar tooth, and do not attempt the removal of the offending one.

Exfoliations of laminæ of bone are very common after the operation of extraction. These pieces vary in size from a hazlenut to a pin-head. They may be left to take care of themselves, or when perfectly loose, may be dissected out.

VESICO-VAGINAL FISTULA:
Its History and Treatment.

By D. Hayes Agnew, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Wills Hospital for Diseases of the Eye.

(Continued from page 60.)

Blasius advised a grooved suture. The margins of the fistula were fashioned with a sharp-pointed knife, as follows: Taking hold of one side with a hook or forceps, it was split longitudinally, or parallel with the long axis of the opening; then seizing the other and everting it, the knife was applied to its surfaces in such a manner as to give it a cuneiform or wedge-shaped form; needles armed with thread sutures were next passed, drawing the wedge-shaped side into the gutter or slit of the opposite, constituting a tongue and groove (as he calls it) adjustment. He claims for this a more extended apposition or contact of raw surfaces.

Lewzisky's operation consisted in inserting the stitches by means of a canula, traversed by a watch-spring, supporting a needle bearing a thread. This instrument was carried into the bladder, and the needle made to project from the canula, puncturing the septum from the vesico toward the vaginal side. By repeating this process above and below the opening, the ends of the sutures were all brought into the vagina, and secured on that side. This operation is similar in most respects to that of Nägle, and includes the entire thickness of the vesico-vaginal wall.

Colombat furnishes us with an operation much more remarkable for its ingenuity than utility. The chief novelty of his method consists in using a spiral needle, not unlike a corkscrew, (Fig. 2.)

Fig. 2.

Colombat Needle.

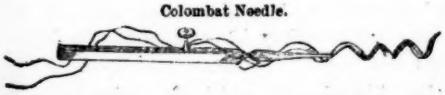

Fig. 29, page 254, from Colombat on Females, by Meigs. 1845.

having a steel-point, with an eye for the thread. At the other extremity, where it combines with the handle, there is a second eye, through which the ends of the thread are passed, after being wound about the spiral of the instrument. After vivifying the edges with a pair of cutting forceps, the needle is made, by a rotatory movement, to pierce one side of the fistula; then the other, and so on, just as one would bore a gimlet, until its entire length was traversed, when by reversed turns it was removed, leaving the thread in its track, as represented in Figs. 3 and 4. This is a

Fig. 3.

Fig. 4.

Figs. 30 & 31, p. 254, from Colombat on Females, by Meigs. 1845.

Glover's suture. The ends of his threads were twisted together and secured with sealing-wax. Dieffenbach very facetiously remarks, this instrument only needs a clockwork attachment to go right.

Deybers employed a wooden catheter, introduced through the urethra, to control the edges of the opening, while being subjected to the knife. The stitching he effected by means of a curved tube enclosing an eyed stilet for the thread, and which was controlled by a spring protruding or withdrawing the point at pleasure. The sutures he used were either silk or lead wire.

Roux fixed the edges with a long pair of forceps while they were being incised; passed across them silver pins, and drew the wound together by winding about them threads similar to our twisted suture.

Wuther incised the fistula with either curved scissors or a sickle-shaped knife, fixing it first with a hook, and used sometimes long-stemmed needles, sometimes short curved ones passed with a needle-holder like that of Roux's; and at other times insert-pins, surrounded with threads to bind the edges together. His patients during the operation kneeled, or were kept on their hands and knees, and the vagina exposed by introducing a hook speculum—really an instrument similar to the Sims' speculum. In order to defend the wound against the action of the urine, and keep the bladder empty, the organ was opened above the pubes, a catheter introduced, and the patient kept upon her belly, buckled to a leather

cushion in which a hole was cut out. On the sixth day, his ligatures were removed, injections of cold water having been thrown into the bladder, through the catheter, and the vagina, through an œsophagus tube, every half-hour. In eighteen operations, three cases were reported cured; a success pronounced extraordinary, and greater than that of any other surgeon.

Dieffenbach, to expose the fistula, used a bivalve speculum; seized the margins with a hook or long forceps while they were being pared, and united them with the interrupted suture. The position which he preferred having the patient for the operation, was on the back, and the catheter was used continuously to drain the bladder. In his hands, the results were most discouraging. On one woman he operated eighteen times, and then failed to effect a cure. So great was his interest in the subject, that he had gathered wards full of women afflicted with this malady, from all parts of the country, but, as he states himself, making very few cures.

Beaumont, after paring the edges, introduced double threads; through the loops on one side was inserted a cylinder of some round substance parallel with the border of the opening, and along the other side a second, over which the free ends of the sutures were tied, forming a quilled suture.

Thus far the fistula under consideration has proved more than a match for the skill of the ablest of the old world, and now we turn to American surgery to have our hopes revived and faith strengthened.

In 1839, Dr. George Hayward, of Boston, reported a case, (see p. 7,) which he had succeeded in curing. His patient was a lady, aged 34 years, in excellent health, and who had been delivered 15 years previous with instruments after, being in labour three days, during which time no urine had been drawn from the bladder. A slough was the consequence, opening a communication between the vagina and bladder. Attempts had been made with the catheter, and also by cauterization to close this fistula, but without success. Dr. Hayward operated on the 10th of May. The patient was placed on the edge of the table, upon her back, very much as in the position for lithotomy; the parts well dilated, (he does not state how); a large bougie passed into the bladder, and carried back to the fistula, by which he was able to bring it into view. Thus fixed, an incision was made round the opening with a scalpel, and after the bleeding ceased, the membrane of the vagina was dissected away from the bladder to the extent of three lines. Three silk threads were next introduced by curved needles through its sides, drawn together and knotted firmly down; a short silver catheter, prepared for the purpose, was placed in the bladder, and the patient put to bed. In five days she was examined, the stitches cut away, and the parts found to be solidly united. In 1851, Dr. Hayward published an account of eight additional cases, making in all nine cases, three of whom had been cured after twenty operations.

In these cases of Dr. Hayward there was nothing new, unless it was the peculiar catheter; it had often been practised before, but in his hands was crowned with a success, calculated to inspire confidence in the curability of the affection.

In 1847, Prof. Joseph Pancoast succeeded in effecting two cures. The posterior or upper lip of the fistula was exposed by a Charriere speculum, and split one half inch deep in a longitudinal direction; with a pair of scissors and bistoury, the lower lip was next pared into a wedge-shaped form, and this tongue of raw tissue, drawn into the grove in the upper border, by what he called his plastic suture. The bladder was kept empty by a gum elastic catheter, and after the second day, injections of zinc were thrown into the vagina to give tone to the parts. On the fourth day a solution of the nitrate of silver was applied over the line of apposition, to favor union by granulation, where that by the first intention failed. In this method, we have a repetition of the plan of Blasius.

In the same year, Dr. John P. Mettauer, published in the *American Journal of Medical Sciences* for July, the history of a fistula, which he cured by inserting leaden sutures, after paring its circumference. The bowels were kept closed for eight days, and the stitches allowed to remain thirteen days, during which time a short catheter was worn in the bladder. The metalic thread used by the operator in this instance, was undoubtedly the procuring cause of so fortunate a result. Just at this point commence the most important facts in the history of our subject.

In 1852, Dr. J. Marion Sims, of Alabama, solved the whole difficulty, and placed this vexed and perplexed operation, on a solid and substantial foundation. The discoveries which he advanced as peculiary his own, were the following:

1st. A method by which the vagina could be thoroughly explored, its capacity greatly increased, and the fistula made readily accessible.

2d. The introduction of a suture, which would

remain a long time, without inducing either irritation or ulceration.

3d. A mode of keeping the bladder drained of the urine.

The first was accomplished by placing the patient on the knees and elbows, the hips being elevated, and using a speculum, which from its form is called the duck-bill speculum. The second, by substituting the ordinary thread with a metallic (silver) one, aided by leaden clamps; and the thin, by a self-retaining catheter.

There can be little doubt that Dr. Sims reached this important combination of improvements, quite independent, perhaps, of foreign aid; yet, by reference to the historical enumeration of methods which I have detailed, it will be found almost all have been conceived and executed by predecessors. In illustration of this, let them be examined in detail.

First, the position. This was recommended and practiced both by Chelius and Walter; the later of whom employed a blunt hook for opening the vagina, which executed in a good measure, the office of the duck-bill speculum.

Second, the suture apparatus. In 1834, Gosset, of London, employed the metallic thread; Deyber, also; the former gilded wire; the latter lead. Beaumont carried his sutures around little cylinders, placed one on the other side of the fistula; thus resembling the clamps.

Third, the self-retaining catheter. Dr. Mettauer employed, in his case, a short instrument which was worn in the bladder during the cure, so that really all these novelties, have, at some time or other, engaged the notice of surgeons, during the long years of experiment and device which have marked the history of vaginal fistula. Still, however, the undivided honor of combining, modifying, and utilizing, all belongs, and only belongs to Dr. Sims.

[To be continued.]

CASE OF HYSTERIA, WITH PARTIAL CATALEPSY.

By James B. Burnet, M. D.,

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Mary McBride, æt. 30, single, and a domestic, was brought into Bellevue Hospital, on Sunday night, April 29th, with no history as to her complaint, or present condition. When first seen, on Monday morning, she presented the following appearance: She lay perfectly quiet in bed, without the slightest motion; eyes half open and fixed; pupils somewhat dilated, but acted quite well when a strong light was directed upon them. It was impossible to make her wink, or take the slightest notice of anything or anybody around her. Temperature of body normal; pulse regular, full, and about seventy-five in the minute; very little ridigity of muscles; severe pinching and pricking of the arms caused her fingers slightly to move, but occasioned no expression of pain in the face, which presented a dull listless appearance. Pricking and tickling of the feet caused no reflex movement. Arms remained in whatever position you placed them, for a few minutes, and then slowly sank to her chest again. She put out her tongue, which was slightly coated, and raised up her arms when ordered to do so, but it was utterly impossible to get her to utter a word. She drank water when offered to her. No respiratory movement of the chest could be detected, but the respiratory murmur was heard, healthy though feeble. There was a constant slight twitching or trembling of the hands and muscles around the mouth, and as she lies on one side the saliva constantly dribbles from the corner of her mouth. She tries to draw back the clothes when her limbs are uncovered, and to push away the hand when a vaginal examination is attempted. She has gone to the water-closet several times herself, but walks along as if asleep, in a straight line, and with an unsteady and hesitating gait. Lungs and heart are found to be healthy, and there is nothing abnormal about the abdomen. She answers no questions, but when ordered to get up and walk, she always does so, and acts as though she were in a mesmeric state. Urine was drawn, tested both chemically and microscopically, and found to be healthy,

The *diagnosis* of hysteria with partial catalepsy was made, and the patient was subjected to the cold shower-bath, had her bowels freely moved by saline cathartics, and took a teaspoonful every four hours of the following prescription.

℞. Tr. assafœtida.
Ext. valerian: fluid.
Spts. ætheris sulph. comp., āā f.ʒss.
Tr. opii, f.ʒij. M.

May 2d. To day her arms were elevated above her head, she lying still in about the same condition, where she retained them for thirty minutes without any support, when they were taken down. Once or twice she has answered yes or no to the nurse. Dr. McCready, the visiting physician to the ward, ordered the following:

℞. Pulv. ipecacuanhæ, gr.xx.
Zinci. sulphatis, gr. x. M.

which was taken, but without the slightest perceptible effect.

May 3d. Looks brighter. Answered a question put to her by the doctor, and says she feels no better. . . . .

From this time she began rapidly to improve, and on June 9th, gave the following history of herself: "Was born in Ireland, parents were healthy, and there is no known disease in the family. Menses have always been regular up to three months ago, when they stopped and have not since returned. Up to this time, she was always strong, healthy, and well, but now she has lost her spirits, became very nervous, felt dull, heavy and stupid, her head used to hang down, the saliva dribbled out of her mouth; across and around her mouth, there was a great heat, and her teeth seemed to be moving and shaking. She thought sometimes that her tongue had dropped out of her mouth. Bowels were costive, but urine was normal in color and quantity. She hardly talked at all, and thus affairs went on until April 22d, in the evening, when she found it impossible to speak at all, although she was perfectly conscious and knew everything that was going on around her. She could walk with support, but not alone. She used to eat very little, but to drink a good deal of water while in this state."

During this week, while sick at home, she had no passage from her bowels, but passed her urine regularly. Sensibility was not impaired at this time. While thus, she thought of nothing.

June 25th. Rapidly improving. She has been complaining of slight pains in the larynx, of a sensation of heat in the gums, with a profuse flow of saliva, of a ball rolling up into her throat as if it would choke her, and of pains in the left eye when her mouth is very hot, but these have gradually worn off under tinc. valerian; ferri et quiniæ cit., the cold shower-bath, good diet, and plenty of exercise. On the 27th of June, she was discharged, strong, healthy, with a good appetite, and with all the old evil symptoms vanished.

I should have stated that, with the exception of the stoppage of the menses, she presented no other symptoms of pregnancy, and that she informed us that while lying in this condition in the ward, she understood almost everything that was said to her, but was utterly unable to speak herself, although she made every effort to do so.

—— Dr. Dyster, a warm admirer of the late Dr. Baly, being anxious to perpetuate his name, has placed £400 at the disposition of the College of Physicians, for the purpose of providing for the presentation of a medal occasionally for the best essay on physiological subjects.

BIOGRAPHICAL SKETCHES OF
Distinguished Living New York Physicians.

By Samuel W. Francis, A. M., M. D.,
(Fellow of the New York Academy of Medicine.)

III.

John H. Griscom.

"Id facere laus est quod decit, non quod licet."—Seneca

Doctor Griscom was born at No. 234 William street, New York, August 14th, 1809, and was the son of John Griscom, whose name is so intimately connected with much that is of interest in the city of New York. His mother was Miss Abigail Hoskins, of Burlington, New Jersey, and died when he was but six years of age. Dr. Griscom has had five sisters, all of whom are dead, and two brothers, one older and the other younger, both of whom are now living. He was principally instructed in his father's own school, and subsequently completed his classical education under the supervision of Daniel H. Barnes, of New York; having attended his uncle's school at Haddington, New Jersey, during his father's visit to Europe, which lasted one year. The New York High-School was established by his father, associated with D. H. Barnes. After securing a prominent position as pupil, young Griscom became a teacher in this institution, which was conducted on the monitorial system, and was formally graduated in 1827.

He at once entered the office of Dr. John D. Godman, Professor of Anatomy in Rutgers Medical College, at the time his father was an incumbent of the Chair of Chemistry. Remaining with Dr. Godman till he retired from his professional capacity, on account of ill-health, he next entered the office of Dr. Valentine Mott, then Professor of Surgery in that College. After he had attended two full courses of lectures, the Rutgers Medical College was virtually cancelled, by a law passed by the Legislature, to the effect that no diploma could be granted unless the Faculty conformed to certain political statutory regulations. This was the popular reason. But that which caused the law to be passed, was the Trustees and Faculty of the College of Physicians and Surgeons, who feared the popularity of their new rival, and could not quietly witness a decrease in their students and income, while the mental power and able experience of the young college bid fair to stand preëminent, and render unnecessary this double knowledge. Young Griscom next attended two full courses at the University of Pennsylvania, and was graduated in 1832; at the same time holding the position of Junior and Senior teacher at the New York Hospital, where,

after receiving his diploma, he was appointed Resident Physician for six months. During his eighteen months' experience in this Hospital, under Drs. David Hosack, Thomas Cock, Stephen Brown, F. W. Johnston, Joseph M. Smith, and others, he remarked to me, that he felt convinced he had learned more than could have been acquired in twenty years of general practice.

His Thesis, on the "*Apocymum Cannabinum*," a remedy at that time very little known, with a beautiful water-colored drawing, and the record of many cases in which it had relieved dropsy by acting as a diuretic and hydragogue cathartic, was ordered to be printed by the Faculty, and was subsequently quoted as authority in Wood & Bache's Dispensatory.

In 1833, he was appointed Assistant Physician of the New York Dispensary, being selected in preference to some thirteen candidates who had applied several months before he expressed a desire to be elected, and was chosen Physician of the Dispensary in May, 1834. About this time, he was called to fill the chair of Chemistry in Columbia College, Washington, with the promise of a good practice. But though he staid there, assisted by Dr. Thomas Sewall, for two weeks, he resolved to remain in New York, and declined the honor.

In April, 1834, we find him delivering a course of popular lectures on Natural Philosophy and chemistry, before two separate classes of males and females, in the Parthenon Museum, Broadway, New York; and which he repeated the following years, in consequence of their favorable reception.

After waiting patiently for sudden cases for the period of three years, the doctor purchased the "good-will" of a physician in the Seventh Ward, who was about to retire, and from that time his circumstances promised remunerative comfort and brought him into immediate contact with a respectable family practice.

In 1835, Dr. Griscom married the fifth daughter of Rembrant Peale, who is so well known by his brush, and who was the companion and portrait-painter of Washington. One daughter had married Prof. Godman, and another became the wife of Charles O. Bocker, M. D., of Lynn, Mass. The Doctor has been blessed with eight children—three sons, two twins, and two daughters.

In 1836, he was elected Professor of Chemistry in the College of Pharmacy, New York, and resigned in 1838.

In 1842, the Common Council of New York appointed him City Inspector, a position which placed him at the head of the Health Department, being elected at the same time Physician to the Eastern Dispensary Department. Dr. Griscom was permitted to hold that office but one year, being removed by that wretched principle, still active in this metropolis, of replacing men of science by any one who entertains the same political views as those cherished by the City (step) Fathers.

His report issued on his retirement, was regarded as elaborately suggestive, and full of sound reasoning, and may be read at the present day with much interest, as he was the last medical incumbent allowed by the wire-pullers to hold this all-important post. Would that a Juvenal were alive to expose the swindling; lay bare to view the neglect of duty, and portray, with his accustomed satire, the shameful records of the last twenty years. Dr. Griscom originated that excellent ordinance of not permitting the dead to be removed from the city, without a permit from the City Inspector, as may be seen by reference to the statute book of that day. Compare his rigid enforcement of this law, with the recent exposure of that same office, just before the new Board of Health took charge of the sanitary welfare of Gotham. What can be said strong enough to convey an idea of one, in authority, issuing blank permits, *signed*, so that sextons kept them in their drawers, without any physician's certificate to justify such actions. How many, who came to their death by violence, have been rapidly hurried to a secret grave and the ends of justice have been eluded, a merciful Providence only knows. Even when passed by the Common Council this bill was vetoed by the Mayor, but by Dr. Griscom's energy, it became a law over his head, and thereby rendered complete the statistics of mortality. During his experience in this public capacity, he made many propositions for hygienic improvements, and appealed frequently to the corporation, the people, and the governor. On one occasion, he presented to Hon. James Harper, Mayor, who fully endorsed it, a complete synopsis of the sanitary principles that should govern public bodies; but, in a few weeks, it was returned by the Board of Aldermen, per committee, with the following remarks: "*Your committee do not prefer to be judges of the subject, or in other words, they do not think it proper at this time, to go into such a measure.*" Not baffled by this reception, Dr. Griscom delivered it as a public address to an appreciative audience, in the Repository of the "American Institute," and it was immediately

printed,* a large edition was issued with the following title, "The Sanitary condition of the Laboring Population of New York, with suggestions for its improvement." From that time to the present a continued warfare has been in existence between humanitarians and sanitarians, and political speculators; and it is likely that, though matters may mend to a certain extent, the all-powerful dollar will find many advocates, while the prevention of disease and the welfare of the poor will ever want a few friends among a lobby rule. For many years Dr. Griscom launched his annual pamphlet, portraying troubles and unfolding the remedy; but though many were convinced, and not a few seconded his views, hired voters, and moneyed influence postponed the cure.

Dr. Griscom was appointed President of the Third National Quarantine Convention in 1859, and was also Chairman of the committee on public health and legal medicine, and an energetic member of the New York Sanitary Association. After twenty-three years of untiring zeal, it afforded him great pleasure to see the passage of the Health Law by the Legislature, which placed the Sanitary supervision of the city and its surrounding territory, in the hands of medical men.

Dr. Griscom, was appointed Physician to the New York Hospital, by the Governors of said Institution, a vacancy occurring on the death of Dr. John R. Beck, June, 1843, and has continued to hold this position to the present time.

In January, 1848, he was selected by the Commissioners of Emigration of the State of New York, superintendent of the large hospital, subject to their special supervision.† Among the members of the Board, at that time, we find the names of Julian C. Verplanck, James Booman, Jacob Harvey, Rob't B. Morituon, David C. Colden, Andrew Carrigan, F. B. Stryker, Gregory Dillon, Leopold Bienville, and Wm. V. Brady. During the three years Dr. Griscom held this office, some 700,000, landed at the port of New York; and, the greater portion coming from Ireland, which was at that time desolated by famine, his time was chiefly passed in visiting those afflicted by typhus fever. Thousands from France and Germany mingling with those from Great Britain, in badly ventilated ships, and under the care of brutal captains, who saw not to the cleanliness of their ships, produced a general average of 70 per ct. sick, who were at once received on Ward's Island, or left at quarantine. There "among the largest hospitals in the civilized world," Dr. Griscom had the supervision of 20,000 cases of ship fever in its worst form, and there are on record 7,000 names which came under his immediate personal inspection, besides those at the New York Hospital. By means of a powerful constitution and careful diet, he withstood the insidious poison for three years, but finally yielded to a most formidable attack of typhus fever, which prostrated him for nearly three months, and for about three weeks of that time he was entirely unconscious of outward objects. But by the efficient care of Drs. John A. Swett, Joseph M. Smith, a devoted family, and overruling Providence, he recovered, and at once visited Europe in the "Arctic," where he was speedily restored to health and strength. The result of his brief tour abroad was published in a South Carolina newspaper, edited by a son of Dr. Gorman, and was entitled "The Surgeon's Log." On his return, through the instigation of Hon. Hamilton Fish, U. S. Senator from New York, the doctor prepared a memorial exposing the hardships of emmigrants while on shipboard, and pointing out the necessary measures of prevention and relief. This sowed the seed of many improvements in the law. But there is much still to be corrected. In 1854, he was elected Vice-President of the New York Academy of Medicine, and delivered the annual address. In 1865, he was afflicted with a double carbuncle, of a formidable nature, situated at the nape of the neck, which was twice operated upon by Dr. Gorden Buck. During the first operation Dr. Griscom caused himself to be placed under the influence of nitrous oxide, and the second time took ether. His experience was that laughing gas, if administered as readily,* is far more agreeable. This was soon followed by a severe nasal and laryngeal catarrh, on account of which he made another trip to Europe, and published the result of his

*This meeting took place Dec. 30th. 1844. Immediately after the lecture a proposition was made to have it published, in pamphlet form; and we find among the subscribers such names as James Harper, Hugh Maxwell, Andrew Boardman, Gen James Tallmadge, Wm. B. Crosby, Peter Cooper, Horatio Allen, Dr. Mower, U. S. A., Jos. I. Mapes, Judge, Wm. T. McCoun, Jordan L. Mott, Wm. Stoutwell, Josiah Rich, Wager Hall, etc.

†"On the 26th of January, the Commissioners appointed John H. Griscom, M. D., to the office of General Agent, made vacant by the death of Mr. Taylor. Dr. Griscom immediately entered upon the duties of his office. He is well known in this community as a physician of acquirements and ability, and his long connection with the hospitals and other institutions of public benevolence, appeared, in the judgment of the Commissioners, to give him peculiar qualifications for many of the duties of their chief executive officer, especially in the inspection and care of the extensive Sanitary establishments under their charge." Extract from the Annual Report of the Commissioners to the State Legislature, for 1848.

* This has been accomplished by Prof. Vanderweyde, of Girard College, whose apparatus is very excellent.

observations in the Philadelphia Medical and Surgical Reporter.

On asking him if he would be a doctor again, he replied: "With my present experience, I would; pursuing a somewhat different course from my early days, with much greater assurance of success in both a professional and pecuniary respect."

Dr. Griscom invented and patented a method of ventilating houses which met with a very happy success. His height is 6 feet ½ inch. On writing to ask him his exact religious views, I received the following reply, "I was born and educated in the faith of the Society of Friends, whose tenets are regarded by me as most in accordance with Scripture teachings, and as the most liberal in sentiment, and most truly democratic in the practice of all sects."

On one occasion, I asked Dr. Griscom, his opinion of smoking. "Sir," said he, "I smoked when a student, but abandoned it before graduation without a moment's hesitation; and never had a desire for it since. I regard the use of tobacco as often injurious, especially to the mental faculties, and doubt its ever being of any use."

For fifteen years he has been a member of the Prison Association, and was for ten years chairman of its executive committee. It has for its object an annual inspection of all the prisons in the State, and much that is connected with sanitary regulations. Not a few of the amended laws of the State, in reference to the physical welfare of prisoners, are due to his zeal.

As a writer he is full, bold, statistical, and at times facetious. He is successful in making his hearers understand that which he has comprehended.

His Published Works are as Follows:

No. Years.	*Subject.*	Pages.
1, 1833.	Inaugural Thesis on Apocynum Cannabinum.	19
2, 1836.	Curious Monstrosity, a mother with two nipples to each mamma.	
3, 1839.	Animal Mechanism and Physiology designed for the use of families and schools. Harper & Brothers,	357
4, 1837.	Abstraction of the Uterus after delivery, by Septimus Hunter,	6
5, 1840.	Essay on Spinal Irritation, Medical Journal,	52
6, 1840.	Coroners and their duties.	
7, 1841.	Treatment of Curvature of the Spine, Medical Journal,	11
8, 1842.	Communication to the City Government, with a draft of an Ordinance for regulating the emptying of sinks, privies and cesspools,	7
9, 1843.	Annual Report of City Inspector,	58
10, 1843.	Curiosity in Obstetric Physiology; Extra Uterine Fœtation.	
11, 1843.	On Reorganization of Health Police.	
12, 1844.	Sanitary Condition of the Laboring Population of New York, with suggestions for its improvement,	57
13, 1845.	On the Medical Organization of Bellevue Hospital; four interesting articles in New York *Evening Post.*	
14, 1846.	Letter to Wm. A. Walker, County Superintendent of Common Schools, on the Ventilation of Schoolhouses.	
15, 1849.	Uses and Abuses of Air. J. L. Redfield, 1 vol.,	250
16, 1850.	Message of Mayor Woodhull to Board of Aldermen, on deodorizing and preventing decay of offal, accompaning a communication from Prof. Hare.	
17, 1850.	On Deficient Palate and its remedy.	
18, 1853.	Hospital Hygiene, illustrated.	
19, 1853.	Public Park and Public Health, *Times.*	
20, 1854.	Aniversary Discourse before Academy of Medicine,	58
21, 1856.	Letter on New York Hospital and Treatment of Rheumatism, Medical and Surgical Reporter.	
21, 1857.	Improvement of the Public Health and Establishment of a Sanitary Police,	18
23, 1858.	A History Chronological and Circumstantial of the Visitations of the Yellow Fever in New York,	36
24, 1858.	Report of Committee of Board of Supervisors, and Resolutions on Health Bill.	
25, ——,	Report on Solidified Milk before Academy of Medicine.	
26, 1859.	Memorial of John Griscom, LL.D., Carter & Brother,	427
27, 1859.	Report of Sanitary Association of New York.	

No. Years. Pages.

28, 1859. Review of Pickford's, Simon's and Reid's Works, 14

29, 1859. Report of Committee of Academy of Medicine in favor of the Health Bill.

30, 1860. First Lessons in Physiology, with Brief Rules of Health for the use of Schools. P. Lockwood, 152

31, 1860. Report of Committee of the Assembly, on the Bill concerning the Public Health of New York, Kings and Richmond counties, 30

32, 1861. Report of Sub Committee of Union Defence Committee on Relief of Families of Soldiers, 14

33, 1861. Sanitary Legislation, Past and Future, 37

34, 1862. Causes and Prevention of Diseases in the Army, 18

35, 1863, Case of Diarrhœa Adiposa.

36, 1863. Report on Ridgewood Disinfecting Powder.

37, 1863. Review of Report of Commissioners for Improving the Sanitary Condition of Barracks and Hospitals.

38, 1864. Physical and Dietetic Solutions of Phosphorus, 20

39, 1864. Reply to a Letter of the Citizen Association on the Sanitary Condition of New York.

40, 1865. Report of a Visit to the State Inebriate Asylum.

41, 1865. Review of Report of Course of Hygiene and City Inspection.

42, 1866. Paris Correspondence Medical and Surgical Reporter.

43, 1866, Malignant Influences of the Uterus, read before the New York Academy of Medicine.

44, ——. The Where, the When, the Why and the How, of the First Appearance of Cholera in Cities.

A CASE OF OBSCURE DISEASE.

By P. J. Farnsworth, M. D.,

Of Iowa.

William Mowry, a discharged English soldier, a pensioner, consulted me at my office, for a pain over his left eye. He was a man over fifty, of spare habit, and in apparent health. I diagnosed it neuralgia; and gave him some slight remedies, as the case seemed to be only of a temporary character. He subsequently told me, that some two years before, he had been stationed in India, and that on a march he had been suddenly attacked with a severe pain in the same region, and was under the necessity of going into hospital, where he remained for two or three months, which was the only sickness or accident that had ever happened to him in his whole life. That the Surgeon cured it by giving him iodide of potassium. The pain continued for several weeks, sometimes very excruciating. Gave him various remedies for neuralgia, including large doses of carbonate of iron; iodide of iron, muriate of ammonia, and iodide of potassium, blisters, etc., with very little apparent effect. He grew emaciated, and his appetite failed. Made a very thorough investigation of all the organs, without eliciting either from the search, or from his history, any apparent cause for the pain. He had enjoyed uniform health, with the one exception; had never received any bodily injury. Nothing but opiates afforded even temporary relief. This continued for over two months, when I was hastily summoned to see him in a fit; which proved to be apoplexy. In about twelve hours he became partially conscious, with paralysis of the lower extremities and of the right arm. He lingered for a day or two and died. On post-mortem examination, we found the lungs congested, with signs of recent inflammation, but otherwise healthy. The inflammation was probably superinduced by the apoplectic attack. The heart was slightly enlarged, but the valves were apparently healthy, and the arteries leading from it slightly incrusted with atheromatous deposit. The rest of the viscera were in a healthy condition.

On opening the head, we found the brain very much congested, and a large clot in the lower part of the left lobe of the cerebrum. There was no apparent softening of the brain, or anything remarkable that we noted, more than we would expect in an apoplectic brain.

In opening the head, we sawed through the frontal bone in the region of the pain. Over the left orbit we found not a tumor, but a thickening of the bone, which exceeded that on the right side by over an eighth of an inch. The inside had a smooth and glossy surface. The thickening was of the interior table and was very solid. It must have produced a pressure on the brain at this place, but, from the disorganized state of that organ, we could detect no diseased state or change, except, of course, a depression.

We were left entirely in the dark as to any cause for the thickening, which must have been going on for a long time. The man was frequently asked, but had no recollection of having received any blow or injury in that region.

Did the pressure on the brain cause the pain? Was it the same cause that had operated ten years before? Or was there some disease of the brain, or of the arteries, that caused the thicken-

ing? We could not discover any hardening or aneurism in that vicinity. I have stated the facts as I noted them at the time, and as I recollect them. I have found no account of any parallel case, and it remains to me an inexplicable one.

Reviews and Book Notices.

Instructions in the Preparation, Administration, and Properties of Nitrous-Oxide, Protoxide of Nitrogen, or Laughing Gas. By George T. Barker, D. D. S., Professor of the Principles of Dental Surgery and Therapeutics in the Pennsylvania College of Dental Surgery, etc. etc. Philadelphia: Rubencame and Stockton. 1866. 8vo. pp. 61.

A well-timed and well prepared manual is here presented. It gives, first, two chapters on the preparation of nitrous-oxide; next, one on the history of its introduction as an anæsthetic; one on the mode of administration of it; two on its chemical and physiological properties: one on the conditions in which its use is contra-indicated, and one on cases of alleged death from its inhalation, with concluding remarks.

Dr. Barker's, Moseley's, and Vanderweyde's apparatus for preparing nitrous-oxide are described, with full illustrations. Undoubtedly, there must be vast advantage in dispensing with the *bag*, by having the breathing-tube connected directly with a reservoir. It is also very important to have a mouth-piece like that of Dr. Goodwille, of New York, modified by the author of this monograph, having valves to allow of the escape of the expired breath separately from the gas breathed. Not only delay, but danger must exist, when, as is said to be the case in the practice of some dentists, the same bag of gas is used over and over again by a number of patients, each contributing a portion of exhaled carbonic acid to its impurity. Dr. Barker states the curious fact that nitrous-oxide cannot be generated in a metallic retort, without danger of explosion; why it is so, is not explained. It is not at all necessary to prepare it fresh every day. It is quite as good when kept two weeks over water, which had first been allowed to absorb its own bulk of the gas.

For anæsthesia, nitrous oxide must be breathed unmixed with atmospheric air. The "laughing" exhilaration commonly associated with it is due to such admixture, and interruption of the inhalation at an early stage. After the anæsthetic effect has been produced, however, when an operation is protracted, the instrument should be every few moments removed to allow the lungs to be well filled with atmospheric air. Insensibility is usually brought on in from half a minute to two minutes, and does not often continue more than a minute and a half, to two or three minutes after the inhalation is withdrawn. Dr. Barker has several times kept patients under its influence ten or twelve minutes; once twenty minutes. This was for the extirpation of a scirrhous breast, by Dr. Jos. Pancoast. No muscular contractions attend the action of this anæthetic, and, unless immediately after a meal, it does not produce vomiting, which is one of the inconveniences of ether and chloroform. There seems, moreover, to be no depression or prostration following its administration.

How does nitrous oxide produce anæsthesia? Richardson and Anstic assert that *arrest of oxidation* in the blood is essential to anæsthetic action. Yet, nitrous oxide contains more oxygen than common air; and the combustion of wood, sulphur, phosphorus or ether, is more vivid in it than in the atmosphere. Some difference exists clearly. Either the chemical union of the oxygen and nitrogen prevents the free action of the latter, which the mere mixture of the gases in the air allows; or, as Dr. Barker believes, under nitrous oxide, *too rapid* oxidation of the elements of the blood occurs, saturating the circulation with carbonic acid. The blood flows at the commencement of an operation; under it is apt to be dark; and deficient arterialization is shown by the livid color of the lips. Further inquiry is needed still, to elucidate this interesting part of the subject.

Contra-indications to the use of nitrous oxide are considered to be serious disorder of the heart, active congestion or inflammation of the brain, lungs or kidneys, general plethora, and the hemorrhagic diathesis. Its speedy elimination must certainly render it less dangerous than chloroform, and, probably than ether.

Two fatal cases are given. In one, a man, anæsthesia had passed off, but dyspnœa and prostration followed, with death in a short time. Autopsy showed considerable tubercular disease of the lungs, with old pleuritic adhesions. The other was the case of a young lady who inhaled the gas for sport, seeming to be entirely well at the time. She came out of it in the usual manner; went to a party the same evening; was taken sick the next day, and died a few days later; it was said with cerebral and spinal meningeal inflammation. These cases are so different from the sudden deaths from chloroform that we can hardly help thinking the dangers of anæsthesia to be reduced to a minimum in the use of this agent. In the history of surgery, as Dr. Barker remarks, the names of two American dentists, Wells and Morton, will be honorably and perpetually associated with that of Davy, in connection with this invaluable means of assuaging human suffering.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, AUGUST 4, 1866.

THE EMIGRANT HOSPITAL OF THE STATE OF NEW YORK.

The new Emigrant Hospital on Ward's Island, New York, under the charge of the Commissioners of Emigration of that State, was opened on Wednesday, July 11th. A numerous party of gentlemen, among whom there was a large representation of the medical profession, accompanied the Commissioners and the Board of Health to the island, on a steamer provided for the occasion, in order to "participate in the inspection and opening of the State Emigrant Hospital" and "State Emigrant Refuge."

The *Hospital* is undeniably one of the best-constructed, and in a sanitary point of view, best arranged in the world. It differs from the ordinary style of old-fashioned hospitals, as a series of fine cottage dwellings differs from a large tenement house in a crowded city. Several months ago we gave a sketch of the plan of the hospital. It is built on the pavilion plan; that is to say, the ten wards, of which the hospital is composed, are placed in five distinct, separate buildings, connected only through a common corridor, which, while it adds to the convenience of attendants and nurses, and the accommodation of convalescents, really does not interfere with the practical isolation of the wards. Each ward is intended to accommodate thirty to forty patients; and each bed at this rate is allowed from 1000 to 1200 cubic feet of air. Each ward has its bath-rooms and water-closets, and the construction of these, concerning facility of immediate and complete outflow of all waste and excrementitious material, is complete.

One of the striking features of the hospital is thorough ventilation. A large circular fan, placed in a rear building, and driven by an engine of about eight horse-power, forces fresh air from without through every ward of the hospital, by means of a system of huge cast-iron tubes, which serve at the same time for architectural support and ornament. By a system of registers the currents of air thus introduced can be regulated to a nicety, and when they are placed so as to give full play to the ventilating apparatus, the influx of fresh air is so strong that a perceptible breeze is generated in the ward. Under these circumstances, we never expect to hear of the occurrence of any of the hospital endemics in *this* institution. In winter the fresh air forced into the wards is first heated, so that uniformity of temperature is secured, with the most perfect ventilation.

The Commissioners of Emigration, under the presidency of the venerable and honored Gulian C. Verplanck, deserve the thanks of the community for this noble work; and no less the medical and surgical staff of the hospital, with Drs. Cannochan and Ford at the head, to whose influence and advice the excellence of the hospital in its internal arrangements is to a great extent due.

The party present at the opening inspection of the hospital were entertained with a dinner, at which speeches, appropriate to the occasion, were made by a number of gentlemen. Through the courtesy of those in charge, the editorial staff of the Reporter was enabled to be present in force, and we return our thanks for the enjoyment of the occasion.

PROGRESS OF THE CHOLERA.

During the last two weeks cholera, on this continent, has slowly but steadily advanced, and unless the most energetic and thorough sanitary efforts, instituted wherever it shows itself, shall be crowned with success, we may yet be obliged to record an extensive epidemic.

Both in New York and Brooklyn a number of cases have occurred, not sufficiently large, it is true, to excite any alarm and fear of a general epidemic, but yet quite sufficient, when taken in connection with other circumstances to awaken anxiety, and to dampen somewhat our confidence in the ultimate efficiency of sanitary police in "stamping out" or arresting the disease, when once its poison, and the conditions favorable to its development, become engrafted upon our communities. For our part, however great our confidence in the "stamping-out" process, we must confess that we have more faith in the policy of not allowing access to the epidemic from the start. The occurrence of cholera in New York and the surrounding islands, during this season, when its full history shall have been written, will show conclusively and to absolute demonstration, that the poison was carried and propagated by the patients, and that its first starting point in every case was intercourse with persons who had come from the cholera infected vessels which arrived in the port.

It is unnecessary, however, now to discuss how far the introddction of the scourge would probably have been stayed, if Congress had listened in time to proper advise and the appeals which were made for a uniform, strict, extended, but liberal

and humane national quarantine. Those who prefer the abstraction of unlimited personal and commercial freedom, to the restrictions of a well-regulated national sanitary police, have carried the day, and upon them and their advice, rests the responsibility of results, which sad as they may be, cannot now be avoided. It is only to be lamented that our profession should already have lost one of her ablest representatives in the army of the United States,—we allude to the late Dr. Calhoun.

The total number of deaths from Cholera, in New York, up to July 24th, as recorded at the Bureau of Records and Vital Statistics, is *fifty-five;*—Distributed through the following periods:

	No. of Deaths
During May,	1
June 1st to 7th,	2
" 7th " 14th,	2
" 14th " 21st,	5
" 21st " 28th,	3
July — " 5th,	4
" 5th " 12th,	6
" 12th " 19th,	12
" 19th " 24th,	20

The Bulletin for July 25th, reports eleven cases, of which —— were fatal. Thus it will be seen that the disease has slowly but steadily advanced during the last two or three weeks.

But these cases do not include all that have occurred in New York. They do not include those at *Hart's Island*, where it is stated six death's took place daily on an average, among five hundred men. Nor are they including cases on *Ward's Island*, whence we obtain the following report:

"On the 14th inst., Mrs. McCoy, an emigrant upon one of the ships recently confined at Quarantine, visited *Ward's Island*, and was attacked with cholera at 11½, P. M. of that day. At 8 o'clock, P. M., on the 15th, two children, who had spent a greater part of the previous day with Mrs. McCoy, were stricken down with the disease. On the 16th, Mrs. Burns, a very healthy woman, and a companion of Mrs. McCoy, was attacked, and died in twelve hours. The woman who washed the clothing belonging to Mrs. Burns was the next victim, being attacked on the 18th, and dying after an illness of less than twenty-four hours. On the 21st, another woman in the same ward was seized with cholera, and died on the following day. The outbreak then became general in the wash-house building, and has since spread to the other wards and the Lunatic Asylum. During the nine days preceding the 23d instant, thirty-one cases of the disease had occurred, and seven deaths, while on Tuesday, eleven persons were reported in a dying condition."

Further, we are also informed that the disease has occurred among the patients at *Bellevue Hospital,*—nineteen cases having occurred up to July 25th, of which number, one-half are said to have proved fatal.

Added to all this, we have the fact stated by Dr. Harris in his weekly mortuary Report that 453 cases of death from *diarrhœal diseases* alone occurred during the week ending July 21st.

From *Savannah*, we have a telegram stating that among the soldiers on *Tybeee Island, thirteen* deaths occurred on July 25th, and twenty-eight new cases were reported,—while *three deaths* from cholera are reported to have occurrred at St. Louis, during the week ending July 21st.

Regarding the disease on the Continent, the disease, according to latest advices, is steadily spreading in Belgium, Holland, and Pomerania. In Holland, of 3923 cases reported, 2337 proved fatal. The latest returns from Stettin, show that from the 2d to the 18th of June, inclusive, there had been 537 cases and 294 deaths.

In this city there have been a few deaths reported from cholera, as follows:—week ending June 30th, 2; week ending July 7, none; week ending July 14, 3; week ending July 21, 10; week ending July 28, 18,—total, 33.

THE CHOLERA AND SANITARY POLICE.

From a recent letter of Dr. Harris, to the Board of Health, in New York, we quote the following, with a few passing remarks:

"An abstract of important information accumulated in the course of my duty as Corresponding Secretary of the Board is now nearly completed; but there are a few facts relating to the progress of cholera in Europe; also, some considerations concerning the sanitary preparations in our American towns where it is most expected, that need be laid before you to-day. In Europe, as we are informed by the correspondence of the chief sanitary authorities, cholera has been gradually progessing northward and eastward. It has now reached St. Petersburgh, after spreading very slowly through the southern provinces of Russia and in northern German States during the Winter and Spring. In Prussia, also, and in Saxony, the epidemic has lingered with great tenacity, and not the less on account of the massing of military forces. In the city and vicinity of Altenberg, where one wing of the Prussian army rested, previous to the movement into Bohemia, the epidemic has reappeared with the same violence it exhibited on the same ground last autumn and winter. Prof. Max von Pettenkofer, who has most carefully investigated the epidemic in all that region of country, has kindly forwarded to us a full account of it by the last mail. The practical deduction from all his researches there may be summed up thus for our instruction:

First. Cholera was clearly proved to have been introduced by travelers who sickened with the

disease, and by visitors returning from the infected towns.

Second. That such is the facility of such transmission of the disease, and such the uncertainty and public inconvenience and evil of any universal prohibitory restraint upon commercial intercourse, that it is futile to depend upon the isolation and quarantine of entire towns and districts, or upon general interruption of intercourse, though the houses, the grounds, and the evacuated fluids of the sick should be continualy disinfected.

Third. In a printed Letter of Advice to Physicians, Sanitary Officers, and the People, on "Cholera Prevention," jointly issued by Professors M. V. Pettenkofer (in the University of Munich), W. Gries (in the University of Berlin), and C. A. Wunderlich (in the University of Leipsig), the people of Europe are urged to rely upon continual and thorough disinfection and cleansing as the best means of protection against cholera. All putrescent or fermenting matter, and very particularly all excrements and whatever has received the choleraic discharges of the sick, must be disinfected by powerful antiseptics. Sulphate of iron in strong solution they designate as the first and most essential; carbolic acid and other coal-tar preparations are next and nearly equal in power; and constant cleanliness and ventilation as the constantly necessary means of protection. They insist upon the vital importance of the complete and constant disinfection of every privy and filthy place in every diarrhœal district, before and during the cholera epidemic.

Fourth. They urge the importance of early and vigilant medical care of the diarrhœa, as well as the cholera."

The points to which we beg to call the attentention of our readers are these:

First. That the eminent gentlemen, whose opinions Dr. Harris obviously endorses, and with whom the profession in this country, we believe, generally agree, positively affirm the *portability and communicability of cholera from person to person.*

Second. That the "inconvenience," "uncertainty," and "evils" incident to isolation and quarantine refer to *inland towns* and the *thickly populated countries* of Germany, and that the views which Professors Pettenkofer, Gries and Wunderlich hold as to the impossibility of isolation and quarantine under the circumstance alluded to, are not applicable to external sanitary police and quarantine in *seaports*, such as New York. If the facilities for landing and proper sanitary care of emigrants and passengers coming from infected countries could be had, all will agree that the disease could be stopped at our shores. Why not insist upon the demand that our national authorities shall secure these facilities? The cholera epidemics among our troops should open their eyes.

A properly regulated *quarantine* in our seaports, need little interfere with the comfort of passengers, or the interests of commerce, and we protest against making use of the views of Drs. Pettenkofer and others, as an argument against quarantine in seaports like New York, when they were intended to apply to *inland traffic* and *inland intercourse* in thickly populated Germany.

Notes and Comments.

Still they Come.

Another death from chloroform is reported in the papers. It occurred recently at Jersey City. A boy had a foreign substance in his ear, and for the purpose of extracting it without pain, chloroform was administered, and during its administration the patient died. Among our news items we give the views of Dr. Lefort, as to means of resuscitation from impending chloroform deaths—artificial respiration and galvanism. Dr. Lefort's opinion that paralysis of the heart is the cause of chloroform-death, is not new. Prof. Dalton's statements on the subject, as expressed before the New York Academy of Medicine, and published in this journal years ago, show conclusively that chloroform not unfrequently produces sudden paralysis of the cardiac muscle, and that it is impossible to foresee whether this effect will be produced or not in any given case. The only proper safeguard is a *total discarding* of the article in ordinary surgical practice.

Carbolic Acid.

A distinguished authority, in Brooklyn, N. Y., in a business note says—"Carbolic acid has recently attracted much attention in Europe on account of its efficacy in arresting the cattle plague. Its efficacy seems to depend on its ozonofying properties, which it is said to possess in an extraordinary degree, and as ozone is, admittedly one of the most certain of all disinfectants; the method of thoroughly applying it in its most intensified form, by means of superheated steam is deemed to be worthy of attention.

Bakus—A New Expectorant.

A native East Indian physician has recently described a new drug, which promises to be of some value in the treatment of bronchial affections. The plant from which it is obtained is called by the Hindoos, "bakus," and is a common hedge-shrub in Bengal and the upper pro-

vinces. The writer prepares an extract of the leaves, and administers it with great advantage in all cases of catarrh. When taken internally it gives rise to a sensation of warmth in the stomach, and in some cases increases the appetite, promotes expectoration when this is scanty, and diminishes it when excessive. It is considered to be an expectorant and anti-spasmodic medicine, and to have a specific action on the surface of the windpipe.

Injustice.

In a catalogue of medical works recently received from a prominent publishing firm in this city, we notice that commendatory quotations are made from medical journals which ceased to exist more than fifteen years ago. We would suggest the impropriety or injustice of continuing to publish these stale notices, which, however appropriate *at the time they were written*, may be very inapplicable in the present state of medical science. For instance, it is doing a reviewer injustice who fifteen or twenty years ago said of a work on chemistry that it was the "best text-book for students in attendance upon chemical lectures" that he had yet examined, to continue to use his commendation to push the sale of a work which has really fallen behind the age by the progress of chemical science.

Correspondence.

DOMESTIC.

Ascaris Lumbricoides.

Editor Medical and Surgical Reporter:

The following may be of some interest to show what a few worms can do.

June last, I was consulted by James Bradley in regard to screaming and most alarming attacks to which his son of ten years was subject. Every night for three weeks the boy would start from bed in the greatest alarm and cry for help. He would run through the whole house, hiding and covering himself up wherever he could. His eyes would stare and flush; limbs tremble; respiration was hurried and loud, and the family was in the greatest fear that he would die. Neither threats of punishment nor words of kindness would pacify him. After the second week, he took the same paroxysms not only during night, but also during day-time. These fits would last about one hour. He could always tell a short time beforehand that a fit was coming on.

A careful examination revealed no fixed disease, but a surmise of worms. I therefore prescribed five grains of santonin every four hours until twenty grains were taken—followed by a cathartic dose of castor oil.

The stools contained three ascaris lumbricoides. The boy has had no more spasms of the kind, but is entirely well. The query is that so few worms should cause such great constitutional disturbance. Some might have been in the stomach, and digested after the vermifuge was given, yet the stools were not indicative of this. Two years ago, I had a case similar, but the boy passed thirty-five lumbricoides in so many hours from taking but six grains of santonin. Santonin is, without disputation, as sure, safe, and easily administered a vermifuge as we possess.*

J. R. Holloway, M. D.

Nittany Hall, Pa., 7th mo., 20th, 1866.

Dead Fœtus Carried Two Months.

Editor of Medical and Surgical Reporter:

In Reporter of May 5th, 1866, I notice an article under the caption of "A dead fœtus carried two months." The following case has just occurred in my practice. On May 14, 1866, I was called to see Mrs. B., in her fourth confinement. She stated that she did not expect to be confined for two months, but that the waters had broke suddenly, and pain after pain followed. She had not menstruated for seven months. Quickened as usual about the fourth month, and during the last two months she had an unnatural, disagreeable feeling low down in the abdomen, with frequent slight pains in her hips and back. On examination I found the os dilated and a very small, flimsy foot presenting. I immediately changed its position, administered a full dose of ergot, and in thirty minutes she was delivered of a five month's fœtus, in a state of decomposition. The placenta adhered firmly to the uterus, and was with some difficulty removed. The placenta presented no unnatural appearance, though the cord and fœtus were considerably decomposed. In this case no strychnus was taken, no medicine whatever, no bodily injury received. The woman is doing well. J. C. Dreher, M. D.

Akron, Ohio, May 27, 1866.

Ergot and Chloroform.

Editor Medical and Surgical Reporter:

Having often thought that tedious labors might be safely hastened to a termination with ergot and chloroform, I was tempted to try it in a number of cases, and with the most satisfactory

* We have had the same favorable experience in the use of santonin.—Editor Med. & Surg. Reporter.

results. In some fifteen or twenty cases, I administered ergot as soon as the os uteri became dilatable. In some cases the os uteri was dilated and the soft parts yielded, and the birth of the child was apparently facilitated. But in the majority of cases, the pains were increased in frequency and force, but without the dilatation of the os uteri, etc. In these cases I put my patients completely under the influence of chloric ether.

In some instances the pains were partially arrested, but in all of them the os and soft parts became dilated, and the labors terminated favorably both to mother and child. In all of these cases there was an apparent saving of time and suffering. In two instances the labors terminated with but three or four pains after chloroform was administered. I have made use of chloroform in all of my cases, to promote dilatation of the os uteri where that was indicated, for a number of years, and with much better success than with the lancet and nauseants that I formerly made use of for the same end.

E. A. Opielt, M. D.

Trenton, Tuscarawas co., Ohio.

News and Miscellany.

Joseph Toynbee, F. R. S.

Mr. Toynbee, long known and distinguished as an aural surgeon of extensive practice, died suddenly on the 8th of July. The following facts elicited at the inquest, show that his life was sacrificed in the interests of science. The account of his death is so full of interest that we devote considerable space to it.

"At the inquest, Mr. Toynbee's man-servant, George Power, said that he was last in conversation with his master at ten minutes to four on Saturday afternoon, owing to a patient wishing to see him. He was lying on the couch. He usually took a sleep after luncheon. When witness knocked at the door, he was answered, 'Come in;' and, on entering, his master had apparently awakened from a sleep. There were papers on the chairs, and deceased's watch on the table. Before the patient was admitted, deceased removed the papers, and seated himself in his consulting-chair. The interview did not occupy more than a couple of minutes; and, on the exit of the patient, he said he was coming again on Monday. Another patient called; and, on witness re-entering the room, he found his master again lying on the couch, with a piece of cotton-wool over his nose and mouth. He thought deceased was asleep, as he did not answer; and he thereupon removed the cotton-wool; but, from the appearance presented, he became frightened, and thought something was wrong. He then ran for medical assistance. The witness was not aware that the deceased made experiments on himself. On the previous Thursday, he (Mr. Toynbee) did something which caused him to vomit a good deal; but the witness could not say whether it was connected with chloroform.

"Dr. Markham said that he was called to Mr. Toynbee, and found him on the sofa perfectly dead. There was some cotton-wool on the table close by, and a smell of chloroform in the room. The cotton-wool smelt strongly of chloroform. Dr. Leared happened to come in at the time, and they both tried artificial respiration for half an hour, without the least hope of restoring life. There was not the slightest sign. Dr. Markham produced papers which he found on chairs in the room, relating evidently to experiments which were in progress of being performed on himself, by Mr. Toynbee. The papers were as follows: 'The effect of the vapor of chloroform (when injected into the tympanic cavity) upon *tinnitus aurium*. 1. *The effect upon a healthy ear. Experiments.* Vapor (breathed from a towel) which produces a pungency in the larynx, when blown into the tympanum causes a feeling of warmth. 2. *Experiments continued.* Vapor (breathed from a sponge or cotton-wool) kept applied to the tympanum for ten minutes. Continued sensation of warmth.' These were the notes on one slip of paper; on another were merely the words, '*Experiments: The effect of chloroform combined with hydrocyanic acid.*' This paper was not filled up, a result apparently not having been obtained. Close to the hand of the deceased, on the chair, were two bottles, which had been obtained at Bell's that afternoon. One contained rectified ether, which had not been opened. The second was a little more than half full of hydrocyanic acid. Dr. Markham did not detect any smell of hydrocyanic acid, for that acid would evaporate very quickly. There was also a machine made of India-rubber lying on the chair, used for injecting ether or other vapors; and afterward was found underneath the sofa, just as his hand—that of a dead man—would fall, a six-ounce bottle, completely empty, which had contained chloroform, but was dry, and free from smell. The stopper was not in. From his experience, he should say the appearances were quite consistent with death from the effects of chloroform; but it was not possible to say whether there was a combination of hydrocyanic acid with the chloroform, owing to the advanced state of decomposition of the body, both being so volatile that they speedily evaporated in an ordinary temperature. In answer to further inquiries, he said he had made a *post-mortem* examination, but not an analysis, as he did not consider it necessary. In fact, there were no contents in the stomach to analyse, and not the remotest smell of the acid, which must have been present had it been taken in quantity into the system. He believed that the death was due to the chloroform; but what effect the prussic acid would produce in combination with chloroform in vapor he could not tell. In an experiment on the effect of mixing chloroform and hydrocyanic acid, he (Dr. Markham) had found that the smell of chloroform entirely overshadowed that of the

hydrocyanic acid; but the latter could be tasted, though not smelt. The witness also produced a letter written by deceased on the 6th inst., in which was expressed an opinion that, by Clover's apparatus for inhaling, the vapor of hydrocyanic acid could be safely applied to the tympanum. The vapor was inhaled to the back of the throat, and, by holding the mouth and nostrils, was forced into the cavities of the ears, thus removing the singing and other nervous sensibility. In answer to a question from the Coroner, Dr. Markham said that the deceased must have been so deeply absorbed in studying the effect of the vapor on the ear, that he forgot that he had lungs or heart.

"John Barnard, managing superintendent to John Bell & Co, chemists, of Oxford street, said that deceased had ordered six ounces of chloroform, also of ether, and one ounce of hydrocyanic acid. He (witness) went to deceased on Saturday morning, at eleven o'clock, to describe Clover's instrument. Mr. Toynbee said it would not suit him, for it was too complicated. Deceased said he wished to try the effect of mixed vapors for curing nervous affection of the ears. Deceased asked the strength of the hydrocyanic acid which had been sent, when witness replied 'The dilute form.' Deceased said, 'That will not suit me; it is not strong enough. Give me immediately some of Scheele's strength.' Witness accordingly supplied some acid of Scheele's strength. Deceased was not in the habit of having hydrocyanic acid, but frequently was supplied with chloroform.

"Mr. Valpy, Captain Townbee (brother of the deceased), Mr. Gowan, and other gentlemen, testified to the high intellectual and moral character of the deceased; and that, being in a prosperous condition, surrounded by a loving family, he had given himself up to scientific pursuits, experimenting upon himself, and leaving nothing undone for the promotion and welfare of his fellow-creatures and the advancement of social science.

"Mr. Valpy stated that he had looked into Mr. Toynbee's pecuniary affairs since his death, and had been surprised to find the amount of safe investments which (for a professional man) he had made. There was a large balance at his bankers; and insurance policies on his life to the amount of £12,000.

"The jury returned a verdict—'That the deceased met with his death accidentally, while prosecuting his experiments, by inhaling a combination of chloroform and prussic acid; and the jury desire to express their deep sympathy with the family of the unfortunate deceased gentleman.'

Mr. Toynbee "was born at Heckington in Lincolnshire; and was fifty-one years of age at the time of his death. His early education was conducted at home by a private tutor; but afterward he went to school at King's Lynn. At the age of seventeen, he was apprenticed to Mr. Wade, at the Soho Dispensary; and afterward became a pupil at St. George's Hospital, where he early distinguished himself by his proficiency in anatomy. Having become a member (in 1838) of the Royal College of Surgeons of England, he was appointed one of the staff of the Hunterian Museum, under the superintendence of Professor Owen.

"On commencing practice, he resided at first at 12 Argyll Place; but subsequently removed to the house in Savile Row, which, at the time of his death, he had many years occupied. He had also a residence at Wimbledon. In 1843, he was elected Surgeon to the St. George's and St. James's Dispensary, and held the appointment till about the year 1852. While there, he exerted himself in the formation of a Samaritan Fund, which still exists, in connection with the Dispensary.

"For more than twenty years before his death, Mr. Toynbee had applied himself specially to the study and treatment of diseases of the ear, and had long won for himself an extensive reputation in this branch of practice, his patients sometimes amounting to more than one hundred in the course of a day. The visitations which he made of his patients at their own houses were frequent; and he was always very careful in insisting on their being well supplied with medicines.

"In 1851, when the staff of St. Mary's Hospital was organized, he was appointed Aural Surgeon, and retained the appointment till two or three years ago, when he resigned. He was also Aural Surgeon to the Asylum for Idiots, and Consulting Aural Surgeon to the Asylum for the Deaf and Dumb. His contributions to the literature of the pathology and surgery of the ear were numerous. He was the author of a work on the *Diseases of the Ear, and their Nature, Pathology, and Treatment;* of a *Descriptive Catalogue* of the preparations, nearly two thousand in number, illustrative of Diseases of the Ear, contained in his museum; and of various lectures and essays on the pathology and treatment of diseases of the ear, in the *Medico-Chirurgical Transactions*, the *Lancet*, the *Medical Times and Gazette*, the *Edinburgh Medical Journal*, etc.

"Mr. Toynbee at an early period gained himself a reputation as a scientific observer. In 1841 was published in the *Philosophical Transactions* a paper by him on the non-vascularity of cartilage. His researches on the subject, of which he greatly increased our knowledge, gained for him the followship of the Royal Society." * * * —*British Medical Journal.*

Chimogene—A New Anæsthetic.

Prof. Vanderweyde, in the *Dental Cosmos*, says: "In experimenting with the highly volatile and gaseous products of distillation, I succeeded in producing a liquid, boiling at any desired degree of temperature, say at 60 deg., 50 deg., 40 deg., or even at 30 deg. Fah., causing, by its evaporation, the most intense cold. I propose, therefore, to call it *chimogene* (cold generator.)

"The desired degree of its boiling-point depends only on a slight modification in its preparation; in fact, it may be made so volatile that it requires very strong bottles and careful stoppering to hold it, as by lifting the stopper it foams like champagne, boiling at the common temperature; pouring it from the bottle in drops or in a

small stream, it will be evaporated before reaching the floor.

"Having just read, on page 601, of the last number of the *Dental Cosmos*, the remarks about the want of such a liquid for anæsthetic purposes, it struck me that this was the very thing needed, and I hasten, therefore, to bring this discovery to the knowledge of the profession."

Steam as a Disinfectant.

Some further experiments have been made in New York, on the practicability of applying superheated steam for the purpose of disinfection. The steam generated by Metropolitan Fire Engine No. 1, was passed through a coil of three-quarter inch pipe 900 feet long, into which one ounce of carbolic acid had previously been poured. While passing through this coil the steam was heated and afterwards discharged into a close room having an area of about 4,250 cubic feet. Near the point where the steam entered the room a tube carried the heat to a thermometer in an adjoining room, while another thermometer was placed in a similiar position at a point about 15 feet distant from the first. Self-registering thermometers, accompanied by some eggs and oysters, were wrapped in blankets—one wet, the other dry—and placed in the room, the dry blanket upon a chair immediately under the pipe from which the superheated steam was discharged, and the wet blanket on the opposite side of the room. Eggs and oysters were placed indiscriminately and loosely about the room; some newspapers were suspended upon a line with some clothing, the doors were closed and the experiment began. At 2.30 P. M., the valves were opened and the steam was permitted to enter the room. The following table shows the temperature as recorded every five minutes by the thermometers—the right hand column showing the degree of heat at the point furthest from that at which the steam entered the room. The second column, counting from the left, shows the pressure as marked by the steam-guage, which, at the moment the experiment began, registered 150 pounds of steam:

	Steam		
Time.	Pressure.	Therm.	Therm.
2:35	105	120°	114°
2:40	90	133°	128°
2:45	100	135°	132°
2:50	105	140°	137°
2:55	110	160°	153°
3:00	100	174°	166°
3:05	80	180°	173°
3:10	75	182°	173°
3:15	80	185°	177°
3:20	95	182°	174°
3:25	80	192°	184°
3:30	65	200°	190°

At 3½ o'clock the steam was shut off, the experiment having continued just one hour. The doors were opened and the articles examined. The eggs and oysters were cooked too much, with the exception of those in the wet blanket—a somewhat singular circumstance which we will not attempt to explain. The self-registering thermometer in the wet blanket marked 165°, that in the dry blanket 190°. The varnish on the doors was blistered, but the paint seemed to be unharmed and the clothing uninjured. The experiments were conducted by Dr. Bell, and witnessed by several of the members of the Board of Health.

Peroxide of Hydrogen.

Prof. Schonbein has discovered a new and very ready method of procuring the peroxide of hydrogen. It consists simply in agitating, in a large flask to which air has access, amalgamated zinc, in powder, with distilled water. Oxygen is then absorbed by both the zinc and the water, with formation of oxide of zinc and peroxide of hydrogen. The peroxide of hydrogen obtained by this method, unlike that obtained by the ordinary process, is quite free from acid, and so may be kept for a long time without decomposition. It does not contain, moreover, a trace of either zinc or mercury, but is absolutely pure. This new process has, therefore, great advantages over the old process of preparing peroxide of hydrogen, both as being far simpler and more expeditious, and as yielding a much purer product; but it is almost as far as the old process from yielding peroxide of hydrogen cheaply enough for use in the arts.—*Mechanics' Magazine.*

Practical Homœopathy.

M. Reymond, in a recent lecture on Heine, the German wit and satirist, tells a good anecdote. Heine and his wife, travelling in the south of France, met Ernst, the violinist, who begged of him to take charge of one of the celebrated Lyons sausages for one of his friends, a homœopathic physician. In those days railways were not, and the roads were tedious. Madame Heine became very hungry, and could not resist a little piece of the sausage, which she found excellent. Presently, Heine joined her, and was quite of her opinion; and, in fact, the sausage was a great treat, and, on their arrival at Paris, had so diminished in size that Heine dared not forward the mere stump that was left, to its destination. But he thought better of it, and cutting with a razor a slice as thin as paper, he placed it in an envelope, together with the following note: "Dear Doctor—As a result of your investigations the fact has been acquired by science that millionths of parts produce the greatest effects. Accept, then, the accompanying millionth part of a Lyons sausage which Ernst charged me to remit to you. If homœopathy is indeed a truth, this little portion will produce on you the same effect as the entire sausage. Yours, Henri Heine."
—*Medical Times.*

An Important Discovery.

The *Pall Mall Gazette* has the following announcement: "A discovery, of at least as vital importance for Egyptology as the celebrated Rosetta stone itself, was made about three weeks ago by a party of four German explorers—Reinisch, Rösler, Lepsius and Weidenbach—at a place called Sane, the whilom Tanis, the principal scene of Ramases II's enormous architectural undertakings. A stone with Greek characters upon it was found protruding from the ground, and when fully excavated proved to contain a bilingual inscription in no less than thirty-seven lines of hieroglyphics and seventy-six lines of

Greek, in the most perfect state of preservation, and dating from the time of the third PTOLEMY, EUERGETES I., in 238 B. C. The stone measures two metres twenty two centimetres in length, and seventy-eight centimetres in width, and is com pletely covered by the inscriptions. Their first attempts at editing this important inscription having failed, the travellers returned to the spot, and during a stay of two days, the 22d and 23d of April, copied the inscription most carefully, and photographed it three times. The next post will bring particulars as to the contents, and copies of the document itself."

Ovariotomy.

Dr. J. F. MINER reports in the *Buffalo Med. and Surg. Journal*, a case of ovariotomy, the tumor being multilocular, weighing 20 pounds. The patient was 25 years of age, married two years. Had never been pregnant. The pedicle was found not large, and a double ligature passed and secured on either side; the division was now made with the écraseur. After removal of the tumor, the vessels of the pedicle, seven or eight in number, were *ligated separately*, the double ligature being first untied upon one side, and then the other, thus maintaining control of the pedicle, while all its bleeding vessels were carefully ligated, the larger ones with silver wire, and some smaller ones with silk ligatures, all being cut closely, and the double ligature removed. After hæmorrhage had ceased entirely, the pedicle was allowed to return, and there having been no escape of blood or contents of the cysts into the abdominal cavity, no sponging was necessary, and the incision was closed.

During the first ten days after the operation, the patient suffered considerably from fever, vomiting, rapidity of pulse, some delirium, restlessness, and discharge of purulent accumulations. After these latter had commenced to escape, the symptoms gradually abated, and, twenty-four days after the operation, the patient was able to attend to some of her household duties. Examination, at the end of the seventh week, shows still a barely perceptible discharge from the wound; the patient healthy and active, walking a mile or more without fatigue, and having gained greatly in flesh and strength.

Pension Examining Surgeons.

Iowa—Dr. J. F. FAIRBANKS, Sabala.

West Virginia—Dr. J. T. WHARTON, Parkersburg.

—— Dr. JOHN YOUNG, F. R. S. E, F. G. S., has been appointed to fill the chair of Natural History in the University of Glasgow, vacant by the death of Prof. ROGERS.

—— The cattle plague is very rapidly decreasing in Great Britain.

—— A colored woman, named SARAH MILLER, died at 42 Wooster street, New York, July 27th, who weighed 798 lbs. It required the labor of six men to lower the body from the third floor to the hall-way, where she was coffined. Deceased was five feet eight inches high, and measured five feet across her chest.

—— ITALIAN MILITARY SURGEONS.—The army being on a war footing, and requiring additional medical officers, hundreds have offered their services, which have been accepted. As to the volunteers, so many surgeons applied that the Director-General, Dr. BERTAIN, not having room for all, has incorporated the surplus into a special company, which is to accompany the volunteers as a kind of medical reserve. A good plan.

—— ITCH.—The Prussian military authorities, it is stated, find that the most effectual way of curing itch, is to smear the part with a mixture of two parts of liquid storax, with one part of sweet oil; the cure is complete in twenty-four hours.

—— A verdict of manslaughter has been brought against a Leicester bone-setter. He employed the force of from twelve to sixteen men to reduce a dislocated elbow; the pectoralis major, the axillary artery, and brachial plexus of nerves were torn through. Death occurred from syncope.

—— MODE OF RESUSCITATING PATIENTS DYING FROM CHLOROFORM INHALATIONS.—M. LEFORT stated at a late meeting of the Surgical Society of Paris, that he believes death to occur in these cases from syncopes, *i. e.*, want of cardiac contractions. He considers artificial respiration useful, because it forces blood from the lungs into the heart. A more efficacious measure, according to M. LEFORT, is galvanism, with one pole placed along the spine, and another on the epigastrium.

Army and Navy News.

NAVY.

List of changes, etc., in the Medical Corps of the U. S. Navy, for the week ending July 28th, 1866.

Past Ass't-Surgeon A. S. Oberly, appointed Surgeon, from July 13th, 1866.

Past Ass't Surgeon C. H. Giberson, granted one month leave of absence.

Ass't-Surgeon J. McD Rice, relieved from duty on the Iron clads at League Island, and placed on sick-leave.

Ass't-Surgeon Wm. J. Simon, detailed for duty on the Iron clads at League Island.

Ass't-Surgeon Wm. H. Jones, detached from the U. S. Ship Anderson, and placed on waiting orders.

MARRIED.

CHALMERS—BOYD.—In New York, July 25, 1866, by the Rev. William Adams, D.D., Thomas C. Chalmers, M. D., and Virginia H. Boyd.

GARDNER—PATTON.—In this city, July 25th, at the residence of the bride's father, by the Rev. F. R. Harbaugh, Thad. S. Gardner, M. D., of Hollidaysburg, Pa., and Miss Anna, daughter of Price J. Patton, Esq.

MARSHALL—GARMEN.—In New Buffalo, Pa., June 26th, by Rev. John W. Cleaver, R. C. Marshall, M. D., and Miss Sue R. Garmen, both of that place.

POTTER—WEAVER.—In Cincinnati, July 18th, at Saint John's Church, by the Rev. James E. Homans, Mr. Charles B. Potter, of Rochester, N. Y., and Miss S. Jennie Weaver, daughter of the late Dr. Noel Weaver, of Auburn, N. Y.

Sharpe—Lansdown.—On Thursday, July 19th, at Greenville, Darke county Ohio, by Rev. A. L. McKinney, Dr. A. L. Sharpe and Miss Frances J. Lansdown, all of Greenville.

DIED.

Andrews.—After a short illness, July 22d, Dr. Thomas D. Andrews, of Brooklyn, aged 42 years.

Grover.—In Bethel, Me., July 19th, Dr. John Grover, in the 84th year of his age. Dr. Grover was a member of the Convention which framed the Constitution of the State of Maine, and was a Representative to its first Legislature, and a member of the Senate in 1829. Dr. Grover was a close student during his whole life, and accumulated a vast amount of learning, much of which has died with him. His practice was very extensive, and his services highly appreciated by his patients.

Harcourt.—At Tompkinsville, Staten Island, July 26th, H. Dewitt Harcourt, M. D., in the 52d year of his age.

Meachem.—At Racine, Wis, July 20th, Myraitte D. Meachem, aged 15 years and 6 months, eldest daughter of Dr. John G. Meachem, and niece of Senator J. R. Doolittle.

Newhaus.—In Brooklyn, July 26th, of Cholera, Dr. Charles F. Newhaus, aged 48 years. Dr. N. went to see a patient at 2½ o'clock, and returning home was taken with vomiting. He went to bed and in half an hour cramps set in followed by collapse, which continued until 11½ P M., when he died.

Smith.—In this city, July 24th, after a prolonged and painful illness, Rachel C., widow of the late Moses B. Smith, M. D., in the 72d year of her age.

Wood.—In New York, July 25th, Robert, son of Dr. Stephen Wood, aged 23 years.

Wright.—At Madison, Wis, July 20th, Nellie T., wife of Dr. A. S. Wright, of Omaha, Neb.

METEOROLOGY.

July,	16,	17,	18,	19,	20,	21,	22.
Wind	S. W.	S.	S. W.	E.	N. E.	N. E.	
Weather	Clear.	Clear.	Clear. Sho'r.	Cl'dy.	Cl'dy.	Cl'dy. Rain.	N. W. Clear.
Depth Rain						3-10	
Thermometer.							
Minimum	71°	73°	75°	72°	65°	66°	61°
At 8 A. M.	86	88	87	76	73	68	70
At 12 M.	94	94	90	80	79	71	78
At 3 P. M.	95	95	93	82	78	74	80
Mean	86.50	87.50	86.25	77.50	73.75	69.25	72.25
Barometer.							
At 12 M.	30.2	30.1	30.	30.1	30.2	30.1	30.

Germantown, Pa. B. J. Leedom.

AMERICAN MEDICAL ASSOCIATION.

The Committee on Prize Essays request that all communications to be submitted to them, be sent to their Chairman, before the 15th day of March, next, accompanied by a sealed envelope containing the name and address of the author.

The Association offers *two* prizes of *one hundred dollars* each for the best two essays on any subject connected with the Medical Sciences.

F. Donaldson, *Chairman.*
W. Chew Van Bibber.
Josiah Simpson.
Edward Warner.
C. C. Cox.

Baltimore, June 25, 1866.

N. B.—Medical Journals will please insert the above. 490—3t.

SUMMER SCHOOL
OF
MEDICINE.

No. 920 Chestnut Street, Philadelphia.

ROBERT BOLLING, M. D., JAS. H. HUTCHINSON, M. D., H. LENOX HODGE, M. D.
EDWARD A. SMITH, M. D., D. MURRAY CHESTON, M. D.,
HORACE WILLIAMS, M. D.

The Summer School of Medicine will begin its second term on March 1st, 1866, and students may enjoy its privileges without cessation until October.

The regular Course of *Examinations* and *Lectures* will be given during April, May, June, and September, upon

ANATOMY,
SURGERY,
CHEMISTRY,
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OBSTETRICS,
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The subjects will be studied by the aid of Specimens, Manikins, Demonstrations, and Clinical Examinations of Patients.

Students will be given access to the Pennsylvania, Episcopal, and Children's Hospitals. The employment of the Microscope, and the microscopic appearance of the tissues and fluids in health and disease, with the chemical tests and reactions, will also be taught.

FEE, $50.

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A Course of Lectures on SURGICAL DIAGNOSIS will be delivered by Dr. H. Lenox Hodge, during April, May, June, and September, at the Summer School of Medicine, No. 920 Chestnut Street, Philadelphia.

The history, causes, symptoms, and pathology of Surgical Diseases and Injuries will be carefully studied, and the means of recognizing and treating such disorders distinctly taught.

Instruction will be given in the use of the Microscope, Ophthalmoscope, Otoscope, Laryngoscope, Endoscope, and other specula; in Percussion and Auscultation, and other means now employed for physical examination.

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The Winter Course of Examinations will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

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